

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 09, 2001 8:00 am**
Secretary of State

02-09-2001 90133 001 ***900.00

DOCUMENT # P99000014384

1. Entity Name

EFE CORPORATION

Principal Place of Business

**3808 NORTH TAMiami TRAIL
SARASOTA FL 34234**

Mailing Address

**3808 NORTH TAMiami TRAIL
SARASOTA FL 34234**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0945867**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****VENGROFF, HARVEY
3501 BAYOUSOUND
LONGBOAT KEY FL 34228**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	VD VENGROFF, HARVEY	3808 N TAMiami TRAIL	SARASOTA FL 34234		C/D		
	PD WILLIAMS, ROBERT	3808 N TAMiami TRAIL	SARASOTA FL 34234		D/D		
	VD VENGROFF, MARK	2134 MAIN STREET	HUNTINGTON BEACH CA 93648		T/D	2100 Main St., Ste 250	
	VD VENGROFF, JOEL	77 LARKFIELD ROAD	CENTERPORT NY 11725			777 Larkfield Rd	
	SD VENGROFF, KRISTY	777 LARKFIELD ROAD	CENTERPORT NY 11725			Commack, NY 11725	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/01

941-355-5900

CP2E034 (10/00)